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GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1. Application Date 8-24-72		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE: Date Received: AUG 28 1972 Application No.: 238 Date Completed: AUG 29 1972	
2. Agency Application No. DAR F20		3. AGENCY, Division, Subdivision & Administering Office Address Dept of Human Resources 47 TRINITY AVE. ATLANTA, GA		4. Person to Contact DOUGLAS McHAIR	
		5. Working Title R. MO.		6. Tel. No. 656-4976	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1967 - Present		9. Exact Series Title Personnel Training File			
10. What is the function of the office in which this record series is created?					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). correspondence regarding Application for Training Trainee Evaluation Report - EH 4.6.6 Record of Personal Action - ADM 3.14 TRAINING CARD ADM 4.14 MONTHLY TRAINEE STATUS SHEET PRE-EMPLOYMENT EXAMINATION Sample MORE, WILLIAM W This material is usually filed in the individual personnel file folder ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				0 1	
Legal-size File Drawers				In Office(s) In Storage Area(s)	
2 TRANSFER FILES		0	4	2 2	
				This Year's Last Year's Preceding Year's All Prior Years'	
				5 3 0 0	
				AVERAGE DAILY REFERENCES	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. **REQUIREMENTS.** The following requires the files to be kept 3 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER 1, then:

- ☐ Hold in the current files area month(s)/ year(s):
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 2 year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Douglas M. Hart</i>	8-24-72		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Douglas M. Hart</i>	8-24-72
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dwyer</i>	8-28-72
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	8-28-72
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert J. Shee</i>	8-29-72

STATE RECORDS
COMMITTEE